Substitute for form 1449/PTO				Complete if Known		
				Application Number	10/080,502	
INFORMATION DISCLOSURE				Filing Date	February 22, 2002	
	TATEMENT E			First Named Inventor	Jeffrey CLELAND	
~				Art Unit	1615	
	(Use as many sheets as necessary)			Examiner Name	C. Azpuru	
Sheet	1	of	1	Attorney Docket Number	146392000500	

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or	Pages, Columns, Lines, Where	
		Number-Kind Code <sup>2</sup> (if known)		Applicant of Cited Document	Relevant Passages or Relevant Figures Appear	
	1.	US-6,007,845	12/1999	Domb et al.		

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (If known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>©</sup>

\*EXAMINE: Initial information considered, whether or not distain is in conformance with IMEPI 898. Draw line frough clatero if not in conformance and not considered. Include copy of the form with most commissionable is applicant. \*Injurial products urgines called designation number (optional).\* See Kinds Codes of USFTO Platent Documents at <a href="https://documents.org/lines/pubmer/">https://documents.org/lines/pubmer/</a> in Injurial Platent Documents. The indication of MIPP 901 (bl. \*Enter Office that issued the document, by the two-lefter code (WIPO Section 451.3). \*Injury office the product of the pubmer of the region of the Emperor must presence the serial number of the patient counset. \*Kind of Storman 151.3, \*Injury office the Commission of the Section 151.3, \*Injury office the Section 151.3, \*Injury office the Commission of the S

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, ser), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>		
			$\overline{}$		

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

Examiner		Date			
Signature		Considered			